DOCUMENT RESUME

ED 281 066 CE 047 041

TITLE Special Needs. Viewpoints. A Series of Occasional Papers on Basic Education. Issue No. 2.
INSTITUTION Adult Literacy and Basic Skills Unit, London (England).
PUB DATE Feb 85
NOTE 28p.
PUB TYPE Collected Works - Serials (022) -- Viewpoints (120) -- Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Adult Basic Education; Adult Learning; Adult Literacy; *Adult Students; *Basic Skills; Coping; Deafness; *Disabilities; Educational Needs; Foreign Countries; *Individual Needs; Learning Disabilities; Literacy Education; Mental Disorders; Physical Disabilities; Postsecondary Education; Skill Development; Special Education; *Special Programs; Student Needs; Visual Impairments
IDENTIFIERS Spasmodicism

ABSTRACT

This collection of papers focuses on working with adults who have special needs. In her paper entitled "Literacy and the Visually Handicapped," Janice E. Mason examines ways in which strategies for meeting the needs of visually handicapped persons can be integrated into literacy programs. "Singer and Listener: Basic Education Work with the Mentally Ill" is Peter Lavender's exploration of the field of basic education work with mentally ill persons. Chris Lloyd provides an overview of the educational needs of physically disabled persons in a paper entitled "Adult Education and People with Physical Disability." In her paper "Special Provision for the Deaf," Fiona McIntosh outlines the difficulties affecting deaf students and suggests strategies for dealing with them. Jacqueline Malec, in a paper entitled "Learning to Cope in Further Education," examines the issues involved in setting up and administering courses in a further education college for students with severe and moderate learning difficulties. "Education for Special Needs with an Emphasis on Adult Literacy for Spastic Adults," which was written by Carole Sharkey, examines new strategies for equipping spastic adults to fight for their rights. (MN)

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VIEWPOINTS

A SERIES OF OCCASIONAL PAPERS ON BASIC EDUCATION

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LITERACY AND THE VISUALLY HANDICAPPED · Janice E. Mason

BASIC EDUCATION WORK WITH THE MENTALLY ILL · Peter Lavender

ADULT EDUCATION AND PEOPLE WITH PHYSICAL DISABILITY · Chris Lloyd

SPECIAL PROVISION FOR THE DEAF · Fiona McIntosh

LEARNING TO COPE IN FURTHER EDUCATION · Jacqueline Malec

EDUCATION FOR SPECIAL NEEDS — SPASTIC ADULTS · Carole Sharkey

VIEWPOINTS

A SERIES OF OCCASIONAL PAPERS ON BASIC EDUCATION

Introduction

The second issue of Viewpoints, a series of occasional papers on specific topics in basic education, focuses on work with adults who have special needs. The first issue on Numeracy was particularly well received in the field and welcomed as fulfilling the need for a forum examining the issues which lie behind much basic education work. Future issues of Viewpoints are to be published three times a year and if the views expressed provoke sufficient correspondence, it is intended to publish an occasional supplement of responses.

In this issue Janice Mason looks at the needs of the visually handicapped and how they can effectively be integrated into literacy schemes. Peter Lavender explores the comparatively new field of basic education work with the mentally ill, whilst Chris Lloyd looks at the educational needs of people with physical disabilities. Fiona McIntosh concentrates on difficulties which affect deaf students and outlines some ways of dealing with them. Jacqueline Malec in an article entitled "Learning to Cope in Further Education" examines the issues involved in setting up and running courses in a Further Education College for students who have severe and moderate learning difficulties. Finally, Carole Sharkey takes a radical look at equipping spastic adults to fight for their rights.

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Literacy and the Visually Handicapped

JANICE MASON

Janice Mason is Head of Adult Literacy at Queen Alexandra Further Education College for the Visually Handicapped. She is also involved nationally in training programmes for tutors of the visually handicapped and is one of the authors of "Literacy and Partially Sighted Adults".

Don't . . . . . .

Don't look down on me because I'm blind.
Or treat me as if I'm multi-handicapped.
Don't force on me more help than I really need.
Or make me dependent on you.
Don't be afraid to talk to me.
Or talk to me through someone else.
I am not unintelligent or uncaring.
Don't tease me, follow me, trip me.
Or call me names.
But most of all.
Don't pity me.

Wendy Thompson

WHY THE PROBLEM CONCERNS ME

Before setting up the literacy department at Queen Alexandra College I had worked for four years as a literacy co-ordinator and group tutor, therefore I was quite accustomed to the diversity of the needs of students receiving literacy tuition. I undertook the enormous task before me with an open mind, believing then, as I do today that an experienced voluntary tutor with a little background knowledge and a lot of common sense, can adapt and modify existing ideas and material to meet the needs of the visually handicapped student.

A student with a visual handicap possesses all his faculties and the required number of limbs, he is able (sometimes with guidance) to get to a literacy class and does not want to be treated any differently from his sighted fellow students. To assume that a visually handicapped student does not possess the ability to walk from the bus stop to the literacy class (as one West Midlands co-ordinator said to me) is to presume that he does not have the capacity to do anything for himself. The student lacks the clear use of one of the senses (sight) but he realises that he shares with other sighted students a difficulty with reading, writing and spelling. This difficulty with the written word can make the visually handicapped appear far less able than they actually are. This is also true of sighted students, their difficulties and needs are the same, it is only the method of teaching which has to be looked at. If learning is to be at all meaningful then it must meet the needs of the individual whatever their problem or handicap.

My concern is with the visually handicapped student who desperately wants to overcome his poor communication skills, and with existing literacy provision for the sighted and how the two can more successfully come together.

First of all I want to look at why people with a visual impairment have difficulty with reading, writing and spelling.

WHY THE NEEDS OF THE VISUALLY HANDICAPPED DIFFER FROM FULLY SIGHTED ADULTS, PARTICULARLY WITH READING, WRITING AND SPELLING

There are many varied reasons why a person seeks literacy tuition whether they are fully sighted or visually handicapped. As with the sighted there is no single cause why a visually impaired adult has poor reading and writing skills, but his visual handicap introduces additional dimensions. Factors which contribute to this could be: lengthy periods away from education, unsuitable school placement, handicapping slowness in print reading, vagueness about print equivalents to braille and constant reliance on tapes. Coupled with this, is a profound lack of visual reinforcement.

The sighted take for granted the abundance of words that are encountered every day; newspapers, books, television, posters, shop windows, hoardings, advertisements and street signs. A visually handicapped person either does not see these visual stimuli at all or it is unclear so as to make it unimportant as a medium of communication.

Although all visually handicapped students who require help with reading, writing and spelling have specific problems because of their visual impairment it is worth considering the background to their visual handicap, as this could be a contributory factor in their decision to seek literacy tuition. Is the student: congenitally blind, partially sighted from birth, newly blinded through deterioration of sight or an accident, or has his poor sight begun to improve? It is interesting to look at the distinct differences which are encountered by both the partially sighted and blind and why it has a direct result on their communication skills.

Congenitally blind people have a unique problem with the transference of braille into print. In most schools for the visually handicapped, print and braille are not learned simultaneously, and grammar is taught secondary to learning the braille code. Braille is such a complex means of communication that many average and below average children master it without remembering how a word is actually spelt, and this presents them with problems as they grow older and begin to think of other means of communication. Braille is often not syllabic, therefore it is hard to split a word up phonetically, to learn how it is spelt. This is not a problem many braille users consider until they begin to learn how to type and then they realise that they have not understood how to form words correctly. Contractions of groups of letters or whole words are introduced in braille to save time and space. Braille contractions often split words up differently from how they would be written in print and signs are used to represent whole words. All this is difficult to remember especially when a braillest begins to type, and it is usually when

learning this new skill that a braillest realises how poor his grasp of spelling is. Take for example helping a student to spell the words PLAIN or EARLY. It is usual to group the vowels together and consider their joint sound. In braille the vowels are split, so PLAIN is written PLA and IN is joined together. With EARLY, E is written then AR is joined together and finally LY. One can begin to understand the problems presented with spelling. I have yet to meet a blind student who is quite experienced in braille yet has difficulty with spelling, who understands how to split words up into syllables or who considers the sound of a group of letters. The braille signs are learnt with little regard of how words are put together.

For the partially sighted student who does not see words as a whole unit, or who cannot differentiate between letters of similar shape (a,e,o,u,c especially) or who has difficulty scanning horizontally, it is more difficult to put things into context. A student may have to deliberately move his eyes and head to make the most effective use of his partial sight. Some students find it easier to move what they are reading rather than their head. Problems of locating words or finding the next line can occur. Reading can also become a task that is often uncomfortable and perhaps too slow to be rewarding, therefore many people give up, and like any skill which is rarely used it becomes a chore. Most blind people do have some useful sight but how useful it is depends on how well it is used, and the more it is used the more useful it is likely to become.

Residual vision (the sight retained by a visually handicapped person) varies from individual to individual and for some people it can even change during the day. Some eye conditions affect a persons ability to see in the dark. For these people a day time literacy class, if there is one available, would be preferable.

EDUCATION FOR THE VISUALLY HANDICAPPED

In the past distinctly different schools existed for the visually handicapped. Fortunately the pattern is now changing with no strict demarcation of what is available to the blind or partially sighted. A partially sighted child could have found himself at a school being taught by totally blind methods or a child with minimum sight at a school where the maximum use of vision was encouraged and braille was not permitted. The problems arose when children were misplaced. When a child with minimum sight was sent to a school for the partially sighted (often as a result of parents believing that there was a social stigma attached to anyone who went to the school for the blind) he would struggle to learn by sighted methods. The result of misplacement was just as damaging when a child with a lot of sight was sent to a school for the blind where he was taught exclusively by blind methods, irrespective of his useful vision. I have taught students who fall into both these categories. I have seen the joy of those who have 'discovered' print for the first time and have been so motivated that they have learnt to read and write print in a matter of weeks, and also those students who have no real means of communication because they cannot see to read and write print anymore.

Whatever the student's educational background or previous learning experiences he can be helped to overcome his difficulty with reading, writing and spelling. This help needs to come from the existing literacy provision, as there are very few centres which provide specialist teaching, as at Queen Alexandra College.

SOME POSSIBLE REASONS WHY THE VISUALLY HANDICAPPED STUDENT DOES NOT JOIN LITERACY CLASSES

Students' Perspective

Many visually handicapped people do not attend literacy classes out of ignorance or fear. A visually handicapped person can become isolated and unless he has a sighted friend or relative who informs him of what is taking place in the community he will be unaware of the local facilities available. Even if he is aware of literacy classes he may believe that tutors experienced only with the sighted may not be able to help him. His fear could stem from poor experiences at school, but the greatest fear expressed to me by students is "what others will think of me", not in terms of their poor eyesight, but their poor literacy skills. I tell them that this fear is common to all those with reading and writing problems and not confined to only the visually handicapped.

Scheme Perspective — Students

The general public find the idea of visual handicap difficult to understand and assume that a person carrying a white stick is unable to see at all. This lack of understanding is reflected in the views of a sighted student in a literacy class, which two visually handicapped students attended;

"I used to be embarrassed at having to have anything to do with people who couldn't see, because I didn't know how much help to give them. Now I know that I needn't be embarrassed just to ask, just like anyone else."

It is often a relief for a sighted student to realise that blind people are not unusual or really different — "I was quite worried at first because I hadn't had anything to do with blind people before, but he's just like the rest of us."

The co-ordinators I spoke to all said the same, that the reaction of the other students in the group was good, that they made a positive attempt to make the visually handicapped student feel part of the group. They reflected that the advantage of having any handicapped student in literacy classes for the sighted, increased the group's tolerence to other students. As a group they were able to increase the confidence of the visually handicapped student by being amazed by his capabilities and determination. It was also felt that the learning process was two way, that the sighted students learnt much from the visually handicapped, by gentle questioning which led to group discussion. These shared experiences added stimulation to writing through an awareness of the difficulties experienced by someone with impaired vision as well as problems with written communication.

Scheme Perspective — Co-ordinating/Group Tutors

Local co-ordinators who had visually handicapped students in their classes mainly through my referral were caring and supportive of their students. Their initial reaction was often one of panic and underestimation of themselves or the tutors' capabilities. In all cases this was soon dispelled. All of the tutors I spoke to expressed a genuine willingness to help but were unsure if they would have the right volunteer to work with a visually handicapped student, whether they would have suitable resources and expertise, how the rest of the group would react and how the visually handicapped student would fit in and contribute to the rest of the group.

In all these cases initial worries soon disappeared. I am very fortunate to be working in an area which has such a

supportive literacy scheme. I have found this to be a two way relationship, that I can provide background information, advice on resources and special equipment, and support. In turn the literacy scheme has provided an initial outlet for visually handicapped students who thought that they could not attend a local literacy class.

The tutors who have worked with a visually handicapped student were at first apprehensive about the type of material that should be used. With local literacy classes I am able to make suggestions as to what should be used and how, and also offer my resources so that the tutor does not feel under any pressure to come up with anything new. After a short time the tutors gained confidence, and soon realised that the resource needs are really a matter of common sense and are best worked out between the student and tutor. The best way of finding out what any student needs is to ask him, and so with the visually handicapped student. He will best be able to describe what he can see, how he reads and writes and what methods suit him. New ideas need to be tried out and if they fail it may be because they just don't suit that particular student, and not that they are of no use to any visually handicapped person. Problems with the group are more likely to arise from personality clashes rather than a student's visual impairment.

REFERRAL

The referral system which myself and colleagues in other training centres for the visually handicapped operate, is a response to the wishes of students to continue with literacy tuition after their college course or training is complete. Their interests reflect a growing self awareness and a determination to overcome their problems. After discussion with the student I send out a standard letter to the literacy organiser in their area, with a form to return to me after contact has been made. I decided after a great deal of thought not to include information about the student in the letter of referral, only that he is visually handicapped, as this could lead to a biased opinion even before the student has been approached. The decision to find out more about a student is left up to the organiser or co-ordinator. I do receive quite a lot of enquiries by letter and telephone and get some feed back regarding a student's placement, but not nearly as many as referral letters I sent out. At the moment I have no information regarding a student's progress and minimal information regarding their acceptance into a group of sighted adults. This feedback would be useful to me in future referrals. I have had discouraging and upsetting contact with literacy organisers in some areas, where their fears and apprehensions are so great that they are not prepared to give a sympathetic understanding tutor a chance to work with a visually handicapped student. Where they see a visually impaired person as so disabled that he would be unable to get himself to a class or be able to contribute anything to the group, it is hard to imagine people with such ideas working in a scheme which purports to have the student's interest at heart. Fortunately this is not usual, but it does exist.

Most literacy organisers and co-ordinators want to help. They express similar fears to those working in my local area, but often the situation is beyond their control. Some have admitted to failing to meet the needs of the visually handicapped student referred to them through an inability to find a volunteer. Most are dependent on volunteers and if they don't have enough to meet the demands of their sighted students, then they obviously don't want to burden the scheme by introducing a visually handicapped student who may put demands on an already overworked team of volunteers. Other literacy schemes are only too pleased to take a visually impaired student providing they receive help and advice.

THE IDEAL PROVISION

There is a very great need to overcome the frustrations of isolated literacy work for the visually handicapped. This can only be brought about by the coming together of experienced tutors and specialists working with the visually handicapped. Both parties need to recognise the increasing demand by visually impaired people to overcome their difficulties in reading, writing and spelling, and work together in a common aim to help the visually handicapped to meet their needs.

I have taught communication skills to the visually handicapped for over three years, during that time I have witnessed links being forged with local and national literacy classes, which can only become strong. At the same time I have been angered and frustrated at how little is really being done for the visually handicapped. Too many people are content to dismiss the handicapped or think that their needs are so great as to make overcoming them insurmountable. This is not so, people can work together pooling their expertise in order to provide a scheme which welcomes anyone despite their handicap.

The specialist agencies such as further education colleges for the visually handicapped, the Royal National Institute for the Blind and the Partially Sighted are now (after an initial reluctance) committed to the adult literacy approach to improving basic skills. A steering group has been formed drawing expertise from all these fields, specifically to look at the lack of resource material available for the visually handicapped. The deadline for production of 10 different types of material is January 1985. This material is already widely used in literacy schemes and has been chosen for this reason, this should help tutors over the hurdle of producing resource material themselves. The specialist agencies are there to help and advise, please use them. The next step must come from the organisers and tutors. When a referral is made, follow it up. Talk to the student, ask him what he wants. Find out if other classes have visually handicapped students and pool ideas and experiences. No one should work in isolation. Ring up the person who made the referral and see if there are other students in the area. If everyone works together I believe we are going to come out of the wasteland and be able to offer all visually handicapped people an opportunity to receive literacy tuition with the backing of good resources.

Singer and Listener: Basic Education Work with the Mentally Ill

PETER LAVENDER

Peter Lavender is County Co-ordinator for Adult Literacy in Norfolk and a part-time research student at the Centre for Applied Research in Education, University of East Anglia.

In this article there are more references on adult education work with the mentally ill than in the National Institute of Adult Continuing Education Database. That is not to say the work is not being done, merely that people haven't written about it. In this major field of social care it's about time that Adult Education made its presence felt. Starting with a comment on the need for more research, literature and a forum for staff to meet one another, this article examines the variety of provision, the difficulties of getting the work started and argues the need for credibility and self-questioning. An understanding of mental disorder, a clearer view of the role of adult education in institutional care and the importance of a team approach will help the development of this work. Further on, the personal view of an ABE Co-ordinator is given, in which she argues for decision-making and confidence-building to be seen as the most important area to work on and comments on her own feelings of vulnerability in this field. *Working from the bottom up* is the personal view of an ABE tutor working with groups of mentally ill people. She describes her work, the students and their motivation, and comments on feedback, attitudes to failure and decision making. Is some of the work remembering old skills or learning them anew? and what does mental illness do to one's learning? are two of the issues raised. The past and present equally can bring students pain and a balanced meeting of both emotional and practical needs is called for. An earlier theme appears again: the important rehabilitation role of basic education work and the need for a team approach among professionals. How to pay for basic education work with the mentally ill, the importance of staff development and support and valuing volunteers concludes the article.

The section on *Adult education and work in institutions, A sense of having failed* and *Working from the bottom up* were contributed by Ian Walker (Head of Adult Education, West Norfolk), Jennifer Twyman (ABE Co-ordinator, West Norfolk) and Polly Floyd (Group Tutor). Since no one person has all the knowledge and skills it made sense to extend the team approach to the writing of this article. Names of students, and places where they live, have been changed.

THE LITERATURE

In an article for the ALBSU Newsletter (ALBSU, 1982) anyone doing basic education work with the recovering mentally ill was asked to get in touch. Of the twenty or so replies many were from tutors, working both inside hospitals and in community settings, who had little support and who wanted to know where others were doing the same kind of things.

> "It seems that there are few precedents for such a scheme and I have been unable to find any specifically relevant literature"

was a common response. Frequently the literature appears in journals not read by education staff and written by those in another field. One such article by Mahmood (1983) attempts to define functional literacy, argues for a survey of literacy needs in psychiatric hospitals and the appointment of full-time literacy staff by the Local Education Authorities. In later correspondence he wrote,

> "At the time of writing the article I was not aware of any Adult Education programmes designed for psychiatric in-patients".

He is not alone. Basic skills work is referred to obliquely as part of 'social skills' training, or forgotten completely (Trower, 1978), or (when written by adult educators) seems far removed from the ABE world (Brackenbury, 1968; Bennett, 1976, 1977).

THE PROVISION

Without doubt adult education work with psychiatric in-patients and the recovering mentally ill is developing. Some examples will suffice here. In St. George's Hospital, Morpeth, a Community Service Volunteer developed some adult literacy provision for middle- to long-stay psychiatric patients, taking guidance from local adult literacy groups. There is ABE provision in two psychiatric hospitals in North Humberside, with long stay, short stay, geriatric and day patients, and in Brookwood Hospital in Surrey. In Bedford (SALP) there is basic education work in a psychiatric hospital and in many hospitals up and down the country. The provision is patchy and often isolated.

In the community many ABE tutors are working with voluntary agencies like MIND and providing tuition in Day Centres run by Social Services departments. In Coventry the Adult Literacy Organiser has developed provision in collaboration with a further education college to some five half days a week in an Industrial Therapy Unit where life skills, English as a second language and basic skills are taught. Also in the community more and more adults are being referred from psychiatric care to general ABE provision.

As basic education continues to develop so demand from clinical teams, nursing staff, social workers, and voluntary groups is increasing. Such demands usually seem straightforward in the first instance. An occupational therapist may ask a local organiser for literacy and numeracy help. Depending on resources, the client group and the skill of the tutor a wider curriculum becomes necessary. It is seldom the case that the learning needs of

the students in basic education can be formed into a narrowly defined curriculum. The social skills model developed by Priestley and McGuire (1978), lifeskills framework of Hopson and Scally (1980) or social education model (FEU, 1981) become more appropriate.

What inevitably follows is a reappraisal of the students' needs, the tutors' objectives and the need to develop an effective support system for the tutor. It is usually at this point that the tutor realises that the hospital/centre staff think she is still teaching reading skills only. Many organisations find it difficult to assimilate the work of ABE tutors into their overall structure. Often tutors feel they are 'optional extras' like foglamps on a car, neither a full team member of the organisation, nor apart from it. The tutor has to experiment and develop her work but also establish communication and status among the existing staff. Such a process of exploring the curriculum, developing relationships with students and yet having to fight for notice and justify her role is a hard way to work. It is rather like being asked to take part in a play, arriving to find a different role available, doing your best in the circumstances and then being asked to justify why you're there. If this all seems a bit familiar to you perhaps there is some earlier self-questioning we could do, it might help the first negotiations with the unit/agency.

Do we as ABE workers always make clear precisely what we are offering, what our aims are and the wider view of ABE we have? Are we always clear not only about what we are offering but what our needs are too? Such needs might be a regular review of the project/group's work, attendance at staff training and meetings, effective feedback, consultation and joint planning. Are we clear about the roles of other staff (like occupational therapists) and how they might view our arrival? Have we got a grasp of the main ideas about adult education work in institutions and so on. Credibility is one of the most important elements in co-operation and communication and usually has to be earned. Understanding something about current mental health care helps. We can then understand where other professions are coming from and begin to talk the same language. This is attempted in the next section.

UNDERSTANDING THE OTHER PROFESSIONALS

It is important to work alongside the medical and care staff if we are to understand their way of working. Understanding legal definitions of mental illness does not help much. The Mental Health Act (1983) defined 'mental disorder' as

> "mental illness, arrested or incomplete development of mind, psychopathic disorder and any other disorder or disability of mind and 'mental disordered' shall be construed accordingly" *Part 1, 1 (2)*

As in the 1959 Act the term 'mental illness' remains undefined and the operational definition is a matter of clinical judgement. 'Psychopathic disorder' is defined as 'a persistent disorder or disability of mind (whether or not including significant impairment of intelligence) which results in abnormally aggressive or seriously irresponsible conduct on the part of the person concerned' (1, 1 (2)). See Gostin (1983) and the Act itself (HMSO, 1983). It is important to get the jargon right but it won't tell you what mental illness is, or what treatment is presently being given for what.

We perhaps define our role in relation to the learning needs of our students. Mahmood (1983) argues persuasively that basic skills are essential to the

> "chronic psychiatric patient who has spent a few years inside the confines of an institution . . . If he lacks the necessary communication skills, he is unable to live outside unless he has an exceptionally supportive group of friends and family . . . such skills are critical if the chronic psychiatric patient is to be rehabilitated into the community."

In his survey of 245 hospital residents Mahmood found that only 36.88 per cent 'could be described as functionally literate' and it was this study that enabled his own hospital's Adult and Continuing Education Department to develop. An understanding of how mental disorder is treated and what it consists of *may* help us but without a clearer view of adult education's own role in institutional or community care it is likely that we will continue to peer over the shoulders of other professionals like some voyeur, and not stand alongside them in the team. This is what the next section is about; the role of Adult Education in institutional care.

ADULT EDUCATION AND WORK IN INSTITUTIONS

The two themes which form the philosophical basis for much adult education work are intertwined. We encourage individuals towards greater personal fulfilment and development but in the context of the needs and aspirations of the local community. Individuals therefore 'take' to pursue their individual needs but also 'give' as part of that process of community development and nurturing of local needs. Part of this relates to individuals and groups with special needs, be they recovering mentally ill, elderly people attempting to cope with the daily pattern of community living or families with multi-faceted difficulties.

Adult Education has a role to play in helping individuals whose needs, wants and problems have to be catered for in institutional terms. Assisting people towards continued personal growth and 'good citizenship' (see Russell Report, 1973) in these conditions inevitably becomes a challenge. A major task is to reduce the emasculating effects of 'institutionalisation', the disease of residential homes and long-stay hospital wards. This is not just a task for Adult Education or other 'outsiders' but one for the co-operative endeavour of *all* those performing 'animateur' enabling work with those in care. Care and attention work should be a positive approach, not a residual function:

> "Caring for . . . people in whatever setting involves more than ensuring that they do not come to any harm, or that they are given shelter, food and warmth. It is a dynamic process which entails an awareness of basic personal needs within a group setting. Broadly expressed they include the need for personal identity, for forming relationships, for interacting with the physical setting of daily life." *(PSSC, 1975)*

Clearly in practical terms this means:

- encouraging patients and residents to maintain an independent and individual life style as well as preserve their personal dignity,
- developing strong two-way links with the local community which preserves as much as possible an atmosphere of normality,

- encouraging patients and residents to participate in a variety of fulfilling activities and decision-making in the unit, a process which should emphasise as much as possible aspects such as interdependence and mutual self-help amongst residents and patients,
- seeing the unit as a *learning* environment which attempts to provide an intellectually and culturally stimulating atmosphere,
- working with colleagues, other staff and volunteers so that each is aware of roles, relationships and short/long-term objectives, as well as the need to handle sensitively networks of ever increasing complexity.

This is by no means an easy task, it is challenging but rewarding. In the next section an ABE organiser described her feelings about ABE provision for those who are or have been in psychiatric care.

'A SENSE OF HAVING FAILED . . .''

"I had a feeling of inadequacy and lack of experience myself to support Polly in what she is doing. I am able to provide a listening ear but not much more. I perhaps help in other (minor) ways by giving her contacts whenever I come across anyone doing similar work and by noting any literature I come across on the subject (not very much of that available!).

"I see working with the mentally ill in three ways:

(a) working with those in institutions as at Castle House (a hospital unit),

(b) working with those in Day Centres,

(c) working with those in ordinary ABE groups.

"In all these ways I see the aims as being similar to one another and the same as for any ABE group, ie. to help adults to function better in society and to have access to information that controls their lives. This can involve improving and developing reading, writing, numeracy and other life skills.

"In ordinary ABE groups, John was my first experience of someone I knew to be recovering from mental illness. He turned up one particularly bad winter evening and he and I were the only people there. We spent the whole evening talking (I was mainly listening) about his 'problem' with reading and writing and how it had stopped him from doing other things. At the end of the session he thanked me for listening and said he felt much more confident and was keen to get on to the practical skills the next week.

"It was in the doing of the practical skills that I always felt a sense of having failed. Whatever work we agreed upon it was always difficult to get it at the right level. If it was too easy he learned nothing — and knew this was the case. If it was even slightly difficult for him he became depressed and would not attempt it. He was never very sociable as a group member, preferring my individual attention when I could give it. He did not like working with other students in a group activity, fearing that they would be better than him. He left after about six months, saying that he did not need to come any more. Shortly afterwards I read a newspaper report that he had tried to commit suicide.

"I was never quite sure whether he had some of the reading and writing skills but that his mental illness was causing a block or whether he was attempting some of them for the first time. I thought when he first came that at least he would gain in confidence but I never seemed to regain that first initial burst of confidence from him. I could not get him to change his attitude to failure and see that something positive could come from it. I also never knew how much his illness was affecting his 'performance' at the group.

"Some general points from working in ordinary ABE groups with students recovering from mental illness:

(a) I am never quite sure if literacy/numeracy skills are there but being blocked by illness or whether some of the skills are being newly learned,

(b) often lack of results seem to be due to effects of the illness,

(c) decision-making and confidence-building seem to be the most important areas to work on."

In the next section Polly emphasises some of these points with case studies and describes her work as a group tutor with a group of mentally ill students in a psychiatric unit attached to a general hospital (Castle House), although she also runs two groups in a Day Centre.

"WORKING FROM THE BOTTOM UP . . ."

"People in institutions are closer to their emotions. Our group has had its ups and downs. There are seven students, a volunteer tutor and myself in the group. It has been running for twelve months. We meet at 7.00 pm in the occupational therapy room; hospital rules state that a member of staff must be present. The Unit caters for 30 residents classified as long-term mentally ill, they had been moved from a large imposing psychiatric hospital 40 miles away. The Occupational Therapy Department asked for ABE to provide a tutor with the hope that other evening classes might follow on. At the time no plans had been made for rehabilitation of any of the residents.

"The students are all aged over 40 and have a wide range of ability and motivation. Discovering what people wanted from the group was slow and painful. Initially students accepted anything that was dished up since choosing between a pen and a pencil was, for some, an insurmountable problem.

"Feedback, when it did come, was hard to assess. One week Mabel burst in shouting, 'If you're going to give us any more of the rubbish we had last week, you can just sod off!' I'd thought the previous week's class particularly successful. The rest of the group refused to comment. I felt it best to jettison plans to follow on working on that topic. A quick rethink of an entire plan is not unusual. A bad day, the weather, lethargy all have an effect on group morale.

"Mabel will probably be in some form of institution for many more years. She comes to the group because she enjoys the stimulation of somebody from outside and is possessive. She is easily frustrated and has not learnt to deal with failure. She wants to read and write better and be able to use money, but spends much of her time playing simple games like picture word dominoes and 'Speak and Spell'. She is easily upset, often arrives in tears and rarely sits through a whole session. I try to see her before the session.

"Having a volunteer is essential. Each of the students need individual tuition for part of the session." Polly's volunteer is Paddy who says,

> "I think we're the link with the outside world, we're interested in them as people. How did I cope? Well, I'd worked as a volunteer with the severely mentally handicapped at the Warwick Unit. When I arrived there I was poked and inspected; I thought, well if I can stand this I can stand anything! It's a good night out, Wednesday! You feel so wanted. It's lovely. We two get on pretty well as people outside the group . . . I do think it's important, that."

Polly feels the same. "It is important that there's two of you and you can bounce off one another. It's a real challenge.. emotional needs as well as practical needs have to be met. We can't let the lid off *all* emotions there — the hospital has other facilities for that. There's a lot of morbidity and no logical sequence of events. People bring with them all sorts of stuff.

"We can learn a lot about a wider view of basic skills from this kind of work," Polly continues, "it's inevitably student centred. Since September, Reg for instance has remembered how to read, and he is learning how to spell, practising numeracy and working on other life skills. After spending more than 25 years in psychiatric hospitals he says,

> "Nobody can know what it is like to lose your chance of a home and family, but I want to move out, have a place of my own. My ambition is to visit Portsmouth and see the Victory before she breaks up."

"He will probably manage both these dreams which six months ago seemed close to fantasy. It will take hard work on his part. The class he enjoyed most was when he took over the tape recorder, learnt how to operate it and conducted interviews. His stammer went and his questions were well thought out.

"His special friend, Alice, found the tape recorder so threatening she had 'one of her turns' and had to be helped to bed. The following week Reg said he thought the tape recorder was a 'bad idea'. Alice found it too painful to discuss. I found using the tape recorder in that way was very useful for all members of the group. I hope Alice will feel able to work with it again.

"Choosing books to read has presented similar problems, students do not like to read anything sad or painful. When offered a story about a girl who falls asleep on a bus, misses her stop and a strange man talks to her, Alice said, 'No, that'll bring back memories . . .'

"Alice and Georgina come because they were good at English at school. They want to improve their concentration so that they can start to read books and write 'interesting' letters again. Within the group we work on building their confidence whilst maintaining a level where less able students feel comfortable. Alice and Georgina do not work well together. Alice is willing to share her skills whereas Georgina enjoys splendid isolation. Both held responsible jobs in the past."

The past is not 'another country' here. It lives with you always. "Doreen has lived in institutions for most of her life. She is said to be in need of 'socialising'. She does not listen and rarely concentrates. When she does concentrate she bulldozes through her work with the determination of a meat grinder, often refusing to believe she has made a mistake insisting, 'That's what I said in the first place, stop messing me about.'

"Doreen is determined to have a flat of her own but she will need to learn to modify her behaviour and understand her future neighbours' limits. Her contributions to discussions are rarely to the point and are often personal and outrageous. 'I think we must be related, your nose is the same shape as mine. Did you break yours too?' Totally unselfconscious, she tugs and scratches at her clothing. This is all tackled in the group.

" 'How to make friends and influence people' has to be on the agenda. Without some social skills training we could not function as a group. It goes further than this; working on social skills is an effective way of helping students to grow and learn. Learning to be a student and not a patient has taken some time and, for some, has been a painful experience. Even now I am seen as a cardboard cutout and not an individual. Students are learning to assert themselves, choose their goals and plan how sessions should go. By 7.00 pm after a long, structured, drug-filled day people are tired, however, and want to relax and enjoy themselves while they work at their own pace.

"Working from the bottom up I have got to know many of the patients and staff on the Unit. Staff are primarily concerned with the day to day running of the Unit; many are unqualified, communication between different professional groups is difficult, and there is a shortage of staff and funds. Nevertheless they *care* and I am working towards a meeting where we can go for advice and exchange information.

"After twelve months a rehabilitation programme has just started which covers most of my students. There is a clear role for basic education tutors in this programme. It has become essential to liaise with psychiatrists, occupational therapists, social workers, and nurses and clearly define how each of us is contributing to the growth of each student and involve students in choosing goals towards which a therapeutic team is helping to push them.

"The students who will be left behind need to continue to enjoy the facilities of an evening class, and work towards building their self-esteem and belief in their ability to learn and to choose their own interests."

To work 'from the bottom up' allows tutors like Polly to develop a role, credibility and a 'feel' for the learner within an institutional setting. Once the ground work has been done there is a need to establish the provision more firmly with additional funding and staff development. This is what the next two sections are about.

HOW TO GET HOLD OF £99.5 MILLION

Most education departments are wary of the cost involved in developing ABE. Sources of funding for this work are not as desperate as it may seem. An agency requesting ABE help for clients should be asked what they can pay for. Frequently basic education workers, college and adult education staff are becoming more hard-nosed about getting funding to do ABE work; the days are fast disappearing when we all got excited about being asked to develop new groups and paying for it in the long term was of secondary importance. Education is expensive but nevertheless fees for tutors (or students) *are* being paid by social service departments, health districts and voluntary bodies. I have only the space here to mention one particular funding possibility that we can use. It's not peanuts — £99.5 million is available for 1984-85.

Under the new rules of the DHSS 'Care in the Community' development education departments can make bids for *Joint Finance*. The money can be for 10 year 100 per cent funding tapering to 13 years for educational work which assists residents in long-stay hospitals and units to move into the community. The active encouragement by the DHSS to move NHS 'patients' into the community will result in an enormous need for adult education work with those in long-stay hospitals and units. Such work must of necessity include ABE provision. To obtain such funding LEA's must make their bids to Joint Finance groups made up from senior staff in the health authority, social services, education and housing departments who can also bid for this funding. Some LEAs cover several health districts but each Health District Joint Care Planning Group must have a representative from the education department and there's no reason why it could not be an ABE person. The funding is not intended for

schools (except where children are being moved from long-stay hospitals), and it is not just for psychiatric patients but those with a mental or physical handicap as well. The papers you need to get hold of are *Health Circular HC(84)9 LAC(84)8 March 1984* and *Health Circular HC(83)6 LAC(83)5 March 1983*, from your Social Services Joint Care Planning Officer or Further Education Officer.

A word of warning: some thought needs to be given about what happens after 10 years and a commitment to continue work in the community may stretch existing budgets. It is perfectly reasonable to apply for money for work with those who may never leave institutional care but whose quality of life could be improved with an education input. It is also reasonable to apply for money to work with those in the community who are at risk of entering or re-entering institutional care. This applies particularly to the mentally ill. The money can be for capital or revenue costs (ie. rooms or tutors) and the health district has the legal right to pay education for its work in the Health Service for any length of time outside *Joint Finance*. This was as a result of the 'Health and Social Services and Social Security Adjudications Act' 1983 (HASSASSA to those who collect acronyms) in its Section One (2)c. It goes without saying that the bid has to look credible: carefully budgeted, collaboratively supported by for example the health district or social services department, and handled at a senior level. Don't forget on-costs, travel, support, staff development, materials, office costs, etc. Aims, background, methodology, staffing, evaluation —all the usual paraphernalia of the professional project design — these need stating. What also helps is to say who is supporting the application.

Other funding possibilities are the No-Area FE Pool. Work with residents in long-stay hospitals, living in an LEA only by virtue of their living in hospital, is counted as eligible for recoupment under the 'No Area' arrangements. The money may not come back to you but to your Education Department generally. The rates are quite generous — £1.62 per student/hour. The papers you need from your FE/AE Administrative Officer are: *Education (Areas to which pupils belong) Regs 1980 Part IV Section 21 (Statutory Instrument No 917).*

ALBSU Local Development Projects, NIACE and Further Education Unit are worth serious consideration especially if you need to begin the work to prove it can be done well as a preliminary to receiving Joint Finance or LEA funding, or if you want to examine the curriculum for adult education work with the recovering mentally ill, whose chance of employment is often much lower than for most other people.

STAFF DEVELOPMENT AND SUPPORT

There is a lot to learn. Whether it's about medicine and mental health, sociological viewpoints, mental health legislation and policy, or practical skills. Such skills and approaches might be learning theory, counselling, behavioural or social group work skills, assessment, or lifeskills models and approaches. It can almost be guaranteed that basic education workers would not find all their staff development needs in their own department or agency. Perhaps there is another element to negotiating the start of a new group: how can we ensure that training opportunities are made available to the tutor and what place will the tutor have in in-service training for the staff in the agency or hospital unit? The impressive work of the Adult Education Department in the University of Surrey is well known, although several social service departments and universities can offer valuable staff development opportunities for basic education tutors.

It would seem to be an entirely legitimate role for an adult education service to help take on the staff development challenge in units, homes and day centres. Such a role belongs to no one in particular quite often; everyone seems to be waiting for someone else to think of it. Many agencies or units have staff interested in therapies of different kinds, adult learning, personal growth and human relations training. To develop a more effective network of support for staff and clients must be a central aim for any staff development initiative. Support does not have to be in groups, however, and the most effective form may be the co-counselling/co-tutoring/pair consultation support which simply needs two people to make a contract to work together as listener/speaker on a regular basis, changing roles after, say, an hour (see Redman (1981) and Chelms (1981)).

A WORD ABOUT VOLUNTEERS

Volunteers need to feel valued, receive as well as give (see Paddy's comments earlier), and be well supported and consulted. Practical information about mental illness generally as well as the expectations of organisers and the needs of volunteers must be an essential part of the training of volunteers — and carried on when tutor and volunteers are working together. We are not in the business of 'using' volunteers. They have learning needs too and these are ignored by organisers at their peril. Evidence for this abounds in Hatch (1983), Ilsley/ Niemi (1981) and ACACE (1983). We have a lot to learn in education services about working with volunteers and perhaps this is a good time to look at the lessons from, for example, good practice in volunteer bureaux and social service departments. Recognition of mutual benefits in volunteering means that we can more openly and honestly promote volunteering as a way for people to meet their own needs as well as a way for them to act out their concern for others. Allen (1983) has called this, 'the most important development in volunteering in the last two decades.' In the field of mental health the role of volunteers is likely to remain central and an important link between those in institutions and those outside.

CONCLUSION

There is an old Chinese story about two friends, one who played the harp skillfully and one who listened skillfully. When one played and sang about mountains, the other would say, "I can see the mountain over there!" When the one played about water, the listener would say, "I can see the running stream so clearly!" But the listener fell sick and died. The first friend cut the strings of his harp and never played again.

In the adult education task before us we must strive for closeness with other staff in other professions, and with those clients/patients/students who have learning needs. The singer and the listener are interdependent and necessary one to another, since without such a way of working we are a lot less effective, and a lot less skillful.

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Adult Education and People with Physical Disability

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ADULT EDUCATION

Adult education is alive and well. Despite the misgivings of those who see adult education as marginal and non-statutory, it is in reality the only service able to offer the complete flexibility and informality which is essential in working with groups whose 'special needs' dictate that their involvement with education should not follow traditional lines especially in their initial contact with educational agencies. Work with women, with ethnic minorities and in my direct experience with people with disabilities, has made demands on the adult education service in our sector of London which it has risen to meet, within the limited resources available, with integrity, reality and enormously hard work. Adult Education is obviously as good or as bad as its service providers, both in terms of Institutes and their organisations and in terms of the individual workers, their experience and commitment.

The organisational structure within an institute which lends itself most easily to the involvement of people with physical disabilities who wish to participate, is a democratic one. Wherever disabled people come across a system which dictates what is 'best' for them, either educationally or physically, and attempts to legislate 'for their own good' from any authoritarian position they will naturally treat with the scepticism which it deserves. Physically disabled people are, after many years of little organisation, beginning to recognise their power as consumers, and are making the logical connection between the fact of their very existence and the 'work' which is created by it for predominantly non-disabled people, whose material benefit is directly enhanced by the services which they provide for those 'less fortunate'. Judy Heumann, from the Berkeley Centre for Independent Living in California, made the point on a recent visit to Britain, when she referred to the 'Disability Industry'. Certainly her criticism of the 'divide and rule' policies operated in this country by central government and able bodied lobbies generally against people with disabilities, which are most clearly evidenced by the defeat of the anti-discrimination bill earlier this year for lack of a unified disability voice, can apply just as strongly at a local level. The first involvement of any educational agency with the 'high' profile groups of disabled people in the community will lead them into encounters with the 'Society of Friends of this' and the 'League for the Prevention of that'. Unfortunately it must be said that many of these local groups, with the best will in the world, do not operate in any *democratic* way for the representation of the interests of the disabled people whom they serve, and many in fact do not have representation by disabled people on their executive committees. This is one area where adult education can and has already operated to good effect. By helping disabled people to articulate their needs and practice skills of organisation and self-expression, the classes at present held in Southwark Adult Education Institute prepare those people for the role which they will hopefully ultimately assume — that of playing a major part in the running of their own disability organisations and effectively lobbying for better services. To this end we have organised classes which you might not expect to find in many AEI's. The catch all title of 'discussion group' crops up here and there on our Special Needs timetable, and it has been known in the past to cover the following activities:

(a) a group of disabled people who meet to discuss the implications of both local and national current affairs for people with disability

(b) a group meeting specifically to put their ideas down on paper, and thence to organise a series of conferences where these ideas can be communicated to non-disabled professionals who are not in the habit of discussing with disabled people in such depth the housing, social, educational or recreational services which they offer

(c) groups which assemble, both disabled and non-disabled people, to look at issues which specifically affect the *quality* of education we offer and to make recommendations how these issues are to be tackled. Issues such as transport, the breadth of curriculum and its relevance to people with disabilities, and the desperate need for opportunities to live independently, have been or are in the process of being looked at.

In all these cases 'education' is not being seen as the passing on of a body of information from one individual, the teacher, to another, the student. It is rather a process, which involves argument, discovery, consultation, all against a background of increasing confidence on the part of the adult student. In this way, mainstream adult education which has the accent on the word adult can never become purely didactic — the students, who are in the main attending the class by option will not allow it. They will vote with their feet and stay away, rather than submit in the majority of cases to an 'action replay' of bad schoolroom experiences. So with disabled adults, it is the first priority to recreate this 'adult' atmosphere. It is possible to encounter, in work with people with physical disabilities, the 'grateful' syndrome . . . Some disabled people have learnt gratefulness as a conditioned response to any involvement with non-disabled adults — in fact from some 'helpful' souls it is still demanded that the thanks of disabled people be duly shown as a recompence for their voluntary good works. This is not to decry true generosity and the thanks which it often engenders, but in fact to acknowledge the reality for many people with disabilities — that they have to accept the degrading position of *not* receiving certain services or advantages by right, but have to rely not on legislation but on the small minority of society who can be bothered to involve themselves, to be able to live any approximation to a 'normal' life. So it is not

uncommon for a tutor starting work with disabled people to find that they are 'eternally grateful' in the following ways:

(a) they constantly defer to the tutor's decisions and opinions, appearing totally unable to challenge these as one adult against another in open debate.

(b) they regard the able bodied tutor as being of higher status.

This is a common event in adult education generally, but is doubly compounded in the cases where the disabled people do not perceive the educational opportunities as theirs by right, but rather as a 'gift'. It is often a very harrowing experience for both tutor and student when the gauntlet is finally thrown down and the tutor's views or aims are challenged, but when both parties have been through this experience they acknowledge that there is a much more realistic relationship operating, based as much on the tutor's fallibility as on the student's emerging ability to assert what he or she believes to be right. Sometimes it is possible to 'engineer' this experience somewhat. For example, in the discussion groups which meet to tackle issues such as transport or housing, every attempt is made to organise a confrontation between the disabled group and someone responsible for delivering the service. In the case of the status consideration as between the able bodied tutor and the group of disabled students, one answer is obvious — to employ more people with disabilities as tutors in both mainstream and special needs work in an enactment of the equal opportunities policy of our educational agency. There is then the opportunity for disabled people to have good peer models and not to be led to make the constant conceptual link between the terms 'receiver', 'student', 'disabled', 'unable', on the one hand and 'giver', 'tutor', 'able', 'able-bodied', on the other.

The conclusion we have reached is that any method we have been led to adopt in adult education in order to involve adult students more centrally in decision making and curriculum planning, and to enhance their status generally within the service, will be doubly potent in the case of students with disabilities, many of whom have been struggling to enhance their status and reduce their stigma in society at large for years.

INTEGRATION

For several years Southwark Institute has been actively pursuing a policy of integration. Like many other educational bodies, we accepted a policy in this area *before* we had had sufficient time and energy to construct a working definition of integration which was totally relevant to our educational activities. Significantly our thinking on integration has been greatly influenced by certain disabled members of staff, who have contributed to this debate with a largely personal experience. Much of this experience has been gained in the process of integrating into a predominantly able bodied staff group, and as a result one of the most significant parts of our definition is:

> "Integration can only successfully take place if it is actively wished for and pursued by disabled people themselves."

This implies that integration is not a process to which it is possible to subject people. Disabled people cannot be 'integrated' except in a very token and superficial way. They must 'integrate'. This then begs the question whether individuals or groups need to create a strong identity before they are ready to make a move towards integrated learning. This identity can be established *alongside* the experience of integration, not necessarily simply antecedent to it. For example, during a specific set of integrated short summer courses in 1984, a need was felt for a group of non-disabled volunteers to meet in order to discuss their feelings and to assemble information as a result of attending classes alongside disabled students. There was an immediate reaction by disabled tutors and students who insisted that they should also meet separately to discuss *their* reactions to integration and more specifically to being with able bodied people! Certainly in the discussion groups referred to earlier, the able-bodied members are not present in a fully participative role, but rather as facilitators, and much of the dynamic in the groups appears to centre around establishing a group identity and group strength which its members can use to launch into real integration. There would appear to be parallels in work with both multi ethnic and womens' groups, where support networks need to be built up by the groups and a form of 'charter of rights' has to be worked out which can be taken with them into a potentially hostile outside world. As one disabled student said: "We have a great deal to get angry about, but we need to get angry together as disabled people, and not take our anger as individuals into the integrated groups."

The second maxim around which our working definition is based is that integration is an active process which will result in a change in the perceptions of all those involved, and is not simply an opening up of opportunities to people who have up to that point been excluded from them. The latter is simply 'access'. When we use this definition rigorously, we see that there can be a great deal of access with very little actual integration. The adaptation of premises, provision of transport, redeployment of resources all lead to greater access for disabled people, which is obviously to be welcomed, but there is no guarantee that it will lead to integration.

A disabled person sitting in the corner of a bustling class with no social contact, contributing little and with poor teaching input from the tutor, can hardly be said to be integrated.

Ideally then there are prerequisites of integration which must be met in addition to simple logistical considerations of access; e.g.

- the necessary in service training of tutors,
- the provision of the other students in the class with as much information as they need, when they need it,
- a support system for the disabled student which will enable him or her to resolve any problems which arise, at whatever level.

When these prerequisites are met, we find hardly surprisingly that the class as a whole is enhanced and the presence of a disabled student has a positive effect.

CURRICULUM

We have learnt that integration needs to be fostered by a clear commitment on the part of the Adult Education staff to remove those barriers which can operate sometimes very subtly against it. For example, the choice of curriculum, if left to the staff with little consultation among disabled and non-disabled students, can be so irrelevant to the particular needs of disabled students that they can find it an onerous exercise to participate at all, and are put back into the position of doing it through 'gratefulness for any little help' as mentioned earlier. When we embarked on the

consultation process regarding curriculum, however, we were to discover that there are pitfalls. In canvassing disabled people on the course which they would like to see run, we discovered a fairly conventional set of responses — basketry, literacy, etc. We assumed that those whom we asked were selecting from previous experience of what adult education *usually* provided, and decided to canvass again, asking what the students would *really* like. This time the choices were more challenging, but certainly not beyond the abilities of adult education to provide, e.g.

- Introduction to First Aid
- Computer Awareness
- Independent living
- Electronics
- Counselling, etc

This had obvious implications for all adult basic skills work with physically disabled people. Some of these disabled people who are consulted about their educational needs could tend to be very modest in their demands, and will be strongly influenced by their own perceptions of what adult education is — possibly as experienced in the isolated class at the day centre the disabled person once attended. People need to make informed choices, in the knowledge that the adult education service is currently offering such subjects as Self-Defence, Computing Studies, Assertion Training, Look After Yourself, Child Care, Current Affairs and many other new subjects alongside the more traditional subjects on its prospectus.

BASIC SKILLS

The basic skills which a disabled person needs to acquire in order to live more independently in the community are not likely to be very different from those required by a non-disabled person. The reality for many disabled people, however, is that many functional skills will be well beyond their physical capacity to perform. For example, the skills of wiring a plug, mending a fuse, unblocking a drain, all arguably essential to independent living, may be impossible for particular disabled people to physically practice, but it is by no means true that they cannot conceptually learn them. This was brought home to us most forcefully when two physically disabled people opted to join an Institute car maintenance class. The more severely physically disabled of the two never at any point handled a tool, but by the end of several weeks he was co-ordinating other class members' efforts in adjusting brakes, stripping carburettors, etc. The assumption that because he couldn't *do* it, he didn't *know* it, would have been totally wrong. Similarly people who are less severely disabled, do often have to work together on creative solutions to essentially practical problems before they can fully participate in the class. These solutions can range from the obvious advantage of microprocessors (notably the MacApple Computer) in adult literacy and numeracy through home made solutions to peeling the vegetables in cookery, to a whole curriculum for 'Yoga in a Wheelchair'. What is most important, however, is that where possible the student has been fully involved in planning the adaptations necessary, and finding the solution to the particular problem has been fully incorporated into the adult learning and teaching experience.

EDUCATION FOR CHANGE

Many of the disabled students approach our adult education service with a strong desire to effect change in their immediate surroundings, and for them the most urgent need is to learn how to operate the mechanisms for change in the local neighbourhood. This can involve a formal introduction to the committee and decision making structure of the local social services department, or an informal introduction to the process of forming and working through their own committees with the necessary discussion of committee structure and procedure, constitutions, minute taking, and lobbying, etc. Another area is creative and factual writing and the publication of this in order to change and influence opinion, possibly illustrated by photographs taken of and by members of the disabled group.

Whichever way is chosen, our philosophy must be to direct peoples' learning goals to support what they wish to achieve in the wider social context, whether this relates to change of attitudes of the non-disabled public, improved housing or transportation, or improved educational and recreational access and facilities. Helping the disabled people with whom we are associated to manipulate the social or political system to their advantage should be seen as a legitimate role of adult education and this area of work is likely to fall squarely on the shoulders of literacy and basic skills tutors. The difference between these tutors and social workers will, however, always remain very clear. The social worker's brief is to help the client with disability, the adult education tutor's role is to help the student to help himself through recognising his living and learning needs and helping to pursue them realistically yet thoroughly.

An account of a specific project set up within the Southwark Institute in order to help people with physical disability to realise these aims, is available from ALBSU on request.

Special Provision for the Deaf

FIONA McINTOSH

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SPECIAL PROVISION FOR THE DEAF

Provision for deaf adults seeking help with literacy, numeracy and associated basic skills varies enormously across the country. In some areas, students are absorbed into existing schemes. This can work but tutors may feel that they are battling with a whole set of new problems and support and advice are often hard to find. Other schemes ensures that there are experienced tutors available to work with the deaf. Individual students can be paired with one of these tutors integrated into a mainstream class or they may prefer a tutor to visit them at home. There are also a number of special schemes catering particularly for deaf students.

In August 1983, the literacy scheme in Croydon was expanded to include a pilot scheme for the deaf. This article is based on the experience of this and other schemes. We have had to cope with the sort of problems that affect all students but I intend to concentrate particularly on those which affect deaf students and to outline some ways of dealing with them. We have experimented with various ideas, some proving more successful than others and my perception of the issues involved has changed somewhat over the past year.

The first part of the article outlines the nature of deafness as a handicap. This will be very familiar to many people but it is an essential part of understanding a deaf student's needs. The quotations at the head of each section come from a novel describing the lives of two deaf people in America. It gives some ideas of what life can be like for the deaf.

WHY IS DEAFNESS A PROBLEM?

> "... there was a big open place inside him that felt and saw pictures of great meaning for which there were no words."

Many people now refer to the deaf as hearing impaired. This is a blanket term and covers all types of hearing loss. It includes the hard of hearing, the partially hearing and the profoundly deaf. Our concern is with the prelingually profoundly deaf person ie. a person who is born deaf or becomes deaf before acquiring language. His hearing loss is such that a hearing aid will not give him the ability to discriminate speech even though it may amplify sounds to an audible level. He lives in a world without speech and cannot acquire language in the same way as his hearing counterpart. All his language is acquired visually and a deaf child cannot receive information either through lipreading or sign language unless he is looking in the right place. This means that he cannot be absorbed in a task and 'talk' about it at the same time, compare this with a hearing child who chatters continuously through any play or learning activity. Although he may develop a system of communication and a form of internalised language, his use of English develops at a slower rate than that of a hearing child. This is reflected in his reading and writing ability. Even those who can express themselves often write in a language that uses English words but does not follow English rules.

Conrad's research (1977) showed that of the 355 deaf school leavers tested, less than 50% attained a reading age of 8 years and only 4½% had a reading age commensurate with their chronological age. Ladd (1981) is of the opinion that the oral system of education is responsible for these poor performances. I do not intend to get dragged into the oral/manual debate. It is sufficient to say that if Conrad's findings do reflect the reading abilities of deaf school leavers, we should be preparing ourselves to cater for a growing population of deaf adults who lack credibility with prospective employers and are labelled as mentally deficient because of their inability to cope with written English.

COMMUNICATION

> "... the landlady began to gesture at him, moving her mouth bla-bla-ma-ba-ba. which he couldn't read because of fear."

In any dealings with the deaf, communication is the first problem which must be overcome. Whether a deaf person relies solely on lipreading and speech or uses some form of sign language depends initially on the home background and the educational philosophy of his school or unit. It is not until he has left school that he can decide for himself which form of communication he wishes to use.

The deaf adult may choose to communicate orally using lipreading and speech or he may use sign language. Variations in individual signs are largely regional but the way in which the signs are put together depends on other influences. Some deaf people use signs and finger-spelling as a support to speech, following the patterns and word order of English. Others use the signs to build up a visual language that does not have the same rules as English, this is British Sign Language (BSL). Many deaf people vary their communication method according to the situation.

There is a strong sense of community among deaf people and Scott (1981) likens this to the situation of an expatriate living in a far off land who feels an empathy with a fellow expatriate even before they meet and converse. When a deaf and a hearing person meet, Scott asks, "Where then is the empathy? Can it exist if the communication system used limits the method of communicating to one which is acceptable to one party only? The hearing person who insists on speaking everything and demanding a level of lipreading which is unobtainable can never develop that empathy. Likewise the deaf person who refuses to do anything but sign so quickly and abstractly that he is not being understood is not communicating."

When deciding on which form of communication to adopt, the student is the best person to ask. Tutors should be able to speak clearly and the majority of them should have some signing ability. None of the Croydon volunteers or tutors are exceptionally skilled in the art of sign language, but they have a basic grounding and good will goes a long way towards bridging the gaps. When all else fails, other students are more than willing to step in and supply the missing signs.

It should not be assumed that all deaf adults sign fluently. There are those who were educated orally and have turned to sign language as a way of communicating with other deaf people. Reading sign language is a skill that takes time to acquire and these people may still rely largely on lipreading. As students, they can pose a problem. It is all too easy to fall into the trap of relying on the signs to get the message across. Many volunteers who are new to sign language find they need to make a conscious effort to continue using clear lip patterns when dealing with these students.

THE "YES" SYNDROME

"There was nothing to do but smile back at them and nod, yes, yes . . ."

This is a well known phenomenon which occurs when two languages meet. It is common when a deaf person and a hearing person meet for the first time. The 'Yes' syndrome has several facets:

(a) The deaf person does not really understand what the hearing person is saying but he nods to give himself confidence hoping that he can pick up the threads again later.

(b) The hearing person does not understand the deaf person's speech and is nodding in the hope that, given time, he will 'tune in' and be able to follow what is being said.

(c) The deaf person has picked up the thread again and nods enthusiastically. He may well have got the wrong idea but he thinks he knows what is going on.

(d) The hearing person has 'tuned in' and nods enthusiastically. He also may have got the wrong idea.

This is a very real problem and, although it can be a confidence booster, it is a threat to good communication.

IS ENGLISH REALLY A SECOND LANGUAGE?

". . . but their hands, aching and impatient to trade the simplest words in the True and Natural Language."

Howarth and Wood (1977) made the following statement:

"There is now some evidence that, however language is taught to deaf children, whether manually, orally or by 'total communication', the deaf are not only linguistically retarded but also linguistically different. Studies of both language production and language comprehension suggest that the underlying organisation of knowledge and experience is somewhat different for deaf people."

Dawson (1979) "recorded two recurrent features in the written language (free-writing in the classroom) of the deaf adolescents, namely bizarre word order and frequent grammatical errors, and found evidence of interference from the knowledge of sign language in their use of English structures."

Interference or first language transfer strategy occurs when a student applies his first language rules incorrectly to his second language. Under normal circumstances, these errors would account for up to a third of the student's mistakes, the rest being a mixture of over-generalisation (e.g. 'he lied down'), ignorance of rule restriction (e.g. 'the girl who I saw her') etc. Intuitively, one might expect to find interference errors in the work of a deaf student with good signing ability and poor English. A detailed classification of errors can be an interesting exercise if only to show the difficulties involved! However, a tutor's time is precious and time spent agonising over whether or not an individual error is the result of interference is time wasted.

In obvious cases, it can be useful to point out to the student that he has written sign language rather than English language but it will depend on his awareness of the differences between the two and his ability to use this information.

Typical examples of sign language interference are:

(a) putting question words at the end e.g. "New car what for?"

(b) certain word orders, e.g. "I like the house big one".

(c) recurrent phrases which do not occur in everyday English e.g. "Nothing one here", "Never before saw", etc.

Not all students consider sign language to be their first language. Some of them do not sign at all but their written work exhibits linguistic peculiarities which seem to be associated with deafness. Whether these can be traced back through contact with other deaf people and ultimately to sign language, I wouldn't like to say.

THE IMPORTANCE OF LITERACY FOR THE DEAF

"But three letters were sent. Didn't you think the letters might be important?"
"I tried to read them, but didn't understand.""

Many deaf people go through the hearing world armed with a pen and a pad of paper. They are all too aware that they may be called upon to write things down whenever they fail to make themselves understood. Jones (1981), who is actually an oral 'success' with good clear speech, describes an encounter with a sales lady in Hull. Her face was turned towards the till and he could not lipread her. Eventually he had to wave his hand under her face to attract her attention, she became startled and he finally had to resort to his pencil and paper.

The chances are fairly high what Jo Public, on encountering a profoundly deaf man in the street, would assume that writing was the only way to communicate. Written messages are better than nothing and at least it shows a desire to communicate, but it does outline how important it is for a deaf person to be able to express himself on paper and to understand the meaning of what is written for him.

On the face of it, letter writing should take on an added importance as the deaf cannot easily use the telephone. In my experience, however, deaf people are reluctant to write letters and prefer to ask a hearing person to phone for them.

WHY DO STUDENTS COME?

"It might be a nice outing if many Deaf could go together."

The quotation may be a bit tongue-in-cheek, but a large group of deaf students can attract others who come simply because they are deaf. They do not necessarily leave in disgust when they find out that the set up is "educational". If the scheme is well publicised, prospective students may be sent by social workers, families, etc. Others come of their own volition because they want to improve their English or because they want help with a specific task, filling out a form, writing a letter, understanding a bill, etc. There are students who have a vague idea of wanting to learn something but they're not sure what. Special resources can prove attractive e.g. a computer, a teletext facility or subtitled films.

RANGE OF ABILITIES

". . . the dictionary had been a mistake. It embarrassed him even while he blundered and stumbled over the words that were supposed to explain the other words."

As with any group of people drawn together by a common factor, they are dissimilar in everything but that factor. Students' abilities vary considerably from those who can't write their own names or read even simple social signs to those who write for pleasure and wish to perfect their English. Students' use of English is not the only consideration, life skills are equally important. A good example of this is a student who became fascinated by a 'Safety in the Home' leaflet and wanted to write about it. One of the pictures showed a young child in a bathroom playing near a bath full of steaming hot water. The student wrote: "Do not drink the water, it is very dirty and it will make you sick in your stomach." This example is typical of that particular student's work and shows a reasonable command of the English language but limited understanding of the issues involved. The development of life skills is the main feature of this student's programme.

The following example outlines a different problem. "John looked at the Spaniard deaf waving their arms like wildness. 'What on earth do they want?' he asked strangely. 'Ah, don't worry. They only want say hello to us but you must watch yourself from those wildness.'" When the tutor was going through this text, she asked about the use of the word, 'strangely'. The student, misunderstanding the reason behind the question, replied that it was an adverb! Such a word is not often present in a deaf person's vocabulary but the combination of good English with bizarre word use is fairly typical.

The following piece was written by a student with good speech and few inhibitions about writing. "Evening we went to Dance at Lantern Hall When we arriving to the door the person Collect the ticket." On inspection, it became clear that the writing reflected the way the student talked but because he spoke so fast and was easy to understand the unorthodox use of language was not previously apparent.

THE ROLE OF THE STUDENT

"I think the Reverend respects me. Did you see how he asked for my advice?"

A feature of adult basic education is that the students are encouraged to take an active part in finding new ways to overcome their problems. Their opinions and ideas are constantly sought. Some students enter a scheme expecting to be on the receiving end of a formal education programme and experience some difficulty in making the adjustment from passive recipient to active partner. This is particularly true of the deaf who have been conditioned into thinking that hearing people have superior language abilities. Many of them are used to turning to social workers or hearing relatives and neighbours for help. It is generally quicker for these people to do what is being asked of them than to show the deaf person how to do it for himself. Consequently, he has to ask for help each time he faces that particular task and his feeling of inadequacy grows. Students should not be made to feel that their deafness makes them inferior and any tendency towards kindly benevolence on the part of their hearing tutors should be avoided! There are several ways round this problem. One is to use deaf tutors. There are very few teachers of the deaf who are themselves deaf, in schools and units but literacy and numeracy tutors are not bound by the same restrictions. Deaf tutors provide a good model for students, making them more aware of their own potential. This does not mean that any scheme is doomed to failure without them. Deaf tutors may be hard to come by and other strategies must be sought to increase a student's self respect. This is one case where a hearing tutor's limited signing ability can be an advantage. A good two way relationship can be built up with the student helping the tutor to improve his sign language.

USING VOLUNTEERS EFFECTIVELY

"Margaret will be here. We will write things . . ."

The best sort of provision allows for deaf students to receive help on a 1:1 basis. In the majority of cases, this is only financially possible by using volunteers. Skelton (1983) has had several years experience of working with volunteers and says of them, "Ideally they should be deaf themselves or fluent in sign language and at least should be interested in developing communication skills."

Volunteers with all types of hearing loss can be used. I have already mentioned the importance of having profoundly deaf people on both sides of the scheme. Partially hearing and hard of hearing volunteers can also be used if they are willing to adopt a communication method suitable to the student.

Local sign language courses can be a good source, but it is as well to guard against a situation where the volunteer is taking more from the student by way of practising his sign language than he is giving in return.

All volunteers need some sort of basic training, this should include a grounding in communication skills, an understanding of the language problems of deaf people, standard literacy and numeracy practices and some training in the use of whatever resources they will be expected to use e.g. computers, video recorders, etc.

Even with trained and experienced volunteers, there is no rule that says all students and volunteers must be permanently matched in individual pairs. There can be advantages in students working with several different people and although individual help is necessary much of the time, some activities are better suited to group work. Scheme supervisors should be aware that new volunteers often lack the experience necessary to devise constructive programmes for individual students. Keeping the students amused and helping them to progress are not the same thing. In this situation, it can be preferable to use the

volunteers as 'classroom assistants' until they feel confident enough to go it alone.

INTEGRATION

"Margaret had begged for a natural flow of Sign and words, such as they often used with the mixed group at church."

So far, I have concentrated on special schemes and individual students getting specialised help from main schemes. What about total integration? In some cases, this can work. In areas which do not cater particularly for deaf people, students have successfully been integrated into main schemes without special help but in other cases students have left because they cannot cope with the difficulties. Students who are achieving well on a main scheme will not necessarily want to transfer to a specialised scheme though they may offer their services as tutors. A good relationship with a main scheme can give students the opportunity to transfer either way.

Integration on a simpler level can be useful for all students. Communal canteen facilities are a great boon. Tutors and students, hearing and deaf, can mix freely together and it is a good way of increasing the community's awareness of the deaf people among them. People are especially intrigued by sign language and are often interested enough to register for local courses.

USING SIGN LANGUAGE POSITIVELY

"The Sign would not make the same words that he said: she had to say the nearest thing."

Sign language can play an important part in a student's programme if it is his first method of communication. The Two Can Project (1982) have incorporated sign language into their materials in a variety of ways. A picture of a sign can act as a link between the sign itself and it's English form, or signs and pictures can be added to a piece of text to make the meaning clear. Unfortunately, any materials using signs have to be developed locally as the individual signs vary so much across the country. They also take a great deal of time and artistic ability to prepare. One sign can represent several different English words i.e. there is no difference between the signs for 'interest', 'interesting', 'interested', etc. and words like 'maybe', 'perhaps' and 'about' will probably have the same sign. A good way of making students aware of this is to use sign word searches. For each sign picture there is only one English word included in the grid of letters and the student has to find which one it is. These are much harder than conventional word searches.

THE ROLE OF FINGER-SPELLING

"... his finger-spelling was faith alone, but he dared it."

The fact that deaf people use finger spelling as an integral part of their communication does not mean that they are expert spellers. A rough approximation or initial letters is usually sufficient to get the message across. For a student with poor word recognition, communication can break down if the tutor covers the gaps in his signing ability with finger spelling. Mime is often a better alternative. However, asking a student to spell a word if his signing is unclear is a good way of assessing his ability without it seeming like a test.

When a deaf student is asked to spell words, it does not carry the same 'school' connotations as it would for a hearing person because they can do it quickly and easily in a medium that is natural to them.

MATERIALS AND RESOURCES

"Abel read to the end and found little to understand."

It is often true that home made materials are more effective than commercially produced ones. Materials must be relevant and information leaflets that advise people to phone somebody or action card sequences showing a person phoning for an ambulance may get a cold reception unless they are used to spark off a discussion over alternatives for a deaf person.

Photographs of social signs can be bought as a pack but it is more fun if the students find and photograph signs and notices themselves. This can also start a useful discussion, after all how much help is a notice which starts 'When alarm sounds . . ?"

Picture sequences are very useful because verbs in sign language do not have tenses, so the verbs in a deaf person's written English are predominantly in the present tense. Picture sequences can be used to develop a better sense of tense, but again it is an advantage to have the student drawing the sequences himself. The student's own diary (assuming he has one) can also be used for tense work, looking at things he has done and things he intends to do.

Perhaps the resource which has done the most for developing deaf people's comprehension of English and one which is not generally available in literacy schemes is the teletext service. The number of television programmes being subtitled has increased dramatically over the past couple of years and more and more deaf people are now buying teletext sets. A teletext adaptor is more useful than an integrated set as an adaptor enables subtitled programmes to be recorded whereas an integrated set does not.

Another expensive but potentially useful resource is a microcomputer but I propose to deal with this in a separate section.

DEVELOPING READING SKILLS

"The words were much simpler here and the ideas were real to him."

Many resources intended for hearing students are also suitable for deaf students but some will need adapting. The language experience approach as outlined by Pratley (1980) can be used with some modification. The approach involves using the student's own experience to practise reading and writing. The student writes or dictates a piece of text about something interesting and practises reading it back. The idea that the student can read the words more easily because he has chosen them himself may not be true for a deaf student. If he dictates the piece in sign language, he may not necessarily know the equivalent English words so it won't help him to read it back unless he 'reads' it in sign language.

Other suggestions, however, can be used as they stand. Cutting sentences up into individual words and putting them back in order, using the words as flash cards etc., can be done successfully but the student may sign the word rather than say it.

Newspapers can be used as with hearing students. Tabloid papers are preferable as there are more photographs in them which aid understanding. Special publications for the deaf such as 'The British Deaf News" can also motivate the student to improve his reading skills but beware of some 'deaf' publications. The programme for the XIth World Games for the Deaf held in Yugoslavia referred to them separately as "World Games for the Deaf", "World Games for the Meaf" and "Horld Games for the Deaf" and included the following passage, "Wisling you all a confortable stay in our comtry and a great success dring the cometition"!

Asking a student to read or sign a piece of unfamiliar text is not particularly useful. If his speech is difficult to understand, it will be unclear whether he is reading it correctly or not and if he signs it, he may do it automatically without understanding any of it.

Reading without understanding is not true reading. A deaf student may give the impression of being able to read because he recognises each individual word but the meaning behind those words is often lost on him. Developing a deaf student's reading skill must go hand in hand with developing his language skill. This is where teletext can come in handy. The subtitles provide the reading practice and the actual programmes give the context. The information pages can also be used to develop reading ability and are useful in helping more advanced students to understand rates of exchange, flight arrivals, weather forecasts, etc.

DEVELOPING EXPRESSIVE SKILLS

"The letter took them a week to write."

I have already mentioned action sequences and diaries. Students may like to keep a diary as a record as well as an appointment diary.

It is a good idea for the student to practise writing messages he may need if he is going to come into contact with hearing people who don't sign. The English is not particularly important here but relevant words for a forthcoming encounter should be taught. He may like to write them down and take them with him.

Students can be asked to contribute to the local literacy newsletter or encouraged to start one of their own. Their own views on deafness make interesting reading and, if included in a main scheme newsletter, will help to make the hearing students more aware of the problems facing deaf people.

It may be possible to bring students from different schemes together as pen pals. This would particularly benefit individual students on main schemes and would motivate them to improve both their reading and writing.

COMPUTER ASSISTED LEARNING

"Each new machine was a blessing."

There is a growing interest in the use of microcomputers in basic education. The ALBSU Advisory Group (1982) considered their potential and felt that they could be an exciting and useful resource but their use must be carefully controlled. Traxler's experience (1984) bears this out.

At the time of the ALBSU report, the computer most commonly in use was the PET but the BBC is now growing in popularity. Schemes having access to a microcomputer are increasingly aware of the shortage of good programs. Some so called 'educational' programs are clearly the work of computer experts and not educationalists and a bad program is worse than having no programs at all. Another problem is that programs are usually inflexible and have a limited life span. Once the student has worked through a program a few times and finds that it is always the same, he will lose interest and the money spent on expensive software will have bought only a few hours of use.

Not all programs are intended for individual work, some are teaching aids and should only be used by an experienced tutor working with a group of students. A few of these are extremely good and it is worth getting in touch with any local advisory centres to arrange a review of their programs.

The computer user is faced with a variety of gadgets. Some of these are of limited use and are intended primarily for games. If money is no object (is that ever true?), the following devices can be useful:

(a) A disk drive
This shouldn't really come under gadgets and will make all the difference to using a computer effectively. Cassette recorders are slow and often unreliable and a disk drive will make the whole process of saving and loading programs a lot less painful.

(b) A word processing program
This can come in the form of a chip which is fitted into the computer as in the BBC 'Wordwise' facility. It is a marvellous way of going through student's work and making any necessary alterations. The student can see the way words are being moved or altered and the end product is neat and tidy.

(c) A printer
The final copy can then be printed out for the student to keep.

(d) A concept keyboard
This is a gadget for the future. At the moment, only a few programs use this piece of equipment but I think it will become increasingly important in basic education. It is a kind of pressure pad with paper overlays. The student only has to touch something on the overlay for it to appear on the screen. This is particularly helpful when the student is required to use words but not necessarily to be able to spell them.

I have already mentioned the inflexibility of many programs. Experiments with flexible programs now being developed have highlighted certain advantages. The program provides a format or method of working but the content — text, sentences, etc — is put in by the tutor separately. The content can be changed as often as necessary and this gives the program a much longer working life. The ALBSU Advisory Group commented on the level of reading ability needed to understand program instructions. Flexible programming means that the tutor can work through the running of the program several times with the student until he understands how to proceed. The content of the program changes but the instructions don't so the student can tackle new work without worrying about the technicalities of operating the machine. The disadvantage is that the tutor has to have access to the computer when he prepares the program

content and this can be difficult if the computer is constantly in use.

There are a few projects in various parts of the country specialising in software for the deaf. Although the programs are still not generally available, pilot trials have proved promising.

The quotation at the head of this section can only be true if students and tutors are using the machines effectively.

ATTRACTING STUDENTS

"I want him to come. I will bring him soon . . ."

If special provision for the deaf is a new idea, it may take the local deaf community some time to accept it. It is a great help if somebody on the scheme is already well known to them and if a few students start to come, more will generally follow.

Any publicity that is put out should be in places where the deaf will see it, e.g. deaf clubs, social workers' offices, hearing aid clinics, etc. Advertisements in local libraries and newspapers will not generally be seen by deaf people but friends and relations may pass on the information. For the ambitious there are also the teletext services, CEEFAX and ORACLE.

THE BEST PLACES TO HOLD CLASSES

"They both knew that if the . . . habit began, Deaf (people) would come from all over town, and many from towns nearby."

Classes can be held at a variety of venues, e.g. deaf clubs and centres, schools or adult education centres. Some will prove more successful than others. Schools are possibly the least promising.

Classes in deaf centres will probably prove popular because students will be in familiar surroundings. Deaf clubs are a different matter especially if they only meet once a week because it is often the only opportunity deaf people have of meeting their friends and they won't particularly want to lose that. Regular classes, then, may not be well attended but occasional special classes can be useful e.g. a session on how to vote just before a polling day, a discussion group, a tax session in early March, etc.

Adult education centres are a good idea because they provide an opportunity for integration with hearing people but there are disadvantages. I know of a deaf man who went 30 miles to use a photocopier because it was in a deaf centre and he preferred to stick with a place he knew. Most deaf people are not even aware of the existence of a local adult education centre unless it happens to run sign language or lipreading courses and it may take them some time to accept it as a place for the deaf.

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Learning to Cope in Further Education

JACQUELINE MALEC

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Throughout the country people with severe and moderate learning difficulties are joining courses in Colleges of Further Education and Community Colleges. Provision is so far fragmented but growing in this new and interesting work.

Here I would like to talk about some of the issues involved for those people who are setting up and running Special Needs Courses for students with learning difficulties. In some instances I have made suggestions on methods of working which are based on work being carried out in my own College.

SITUATION OF COURSES

All too often staff involved report that sites for Special Needs Courses are on the very edge of the College campus, e.g. in Porta Kabins or in some remote annex and have very little involvement with the life of the College. What is the reason for this positioning? The 1959 Mental Health Act and subsequent legislation has advocated that mentally-handicapped people should live in the community and that we should move away from the Victorian regime of Mental Hospitals and Institutions. The old ways had been concerned with distancing and segregation; can the sites provided for so many Special Needs Courses be a hang over from this tradition? If we are to encourage handicapped people to take their place within the community we need to place them in the heart of things i.e. in the hub of the College where opportunities for involvement and integration are at their highest.

ACCOMMODATION AND EQUIPMENT

The Special Needs Course should have good accommodation and appropriate equipment in terms of teaching aids, building, furniture, etc. In order to support the students within the College and to project the right image to outside agencies, it is very important to have a smart and adult environment which is in line with the best facilities available. A good environment promotes a sense of wellbeing and is conducive to improving performance as well as giving the students equal status amongst their peers. Shabby and ill-equipped surroundings immediately disadvantage the students who then have to try to rise above a depressing environment whilst coping with their learning difficulty.

Heads of Departments and College Principals should give serious consideration to these points when making arrangements for students with special needs.

COLLEGE LIFE

Being involved with general College activities and joining other classes needs some planning. It is very easy to become isolated which may be a 'safe' way of working, but one which limits the 'college experience' for students. At the other extreme, it might be felt that other staff and students *must* accept our courses but if integration is *forced*, without first making plans, the experience can be damaging immediately for individual students and eventually for the whole Special Needs group.

Taking part in general College activities needs some thought and may be more successful if some structure and guidance is given at the beginning. For example, when using the refectory, it might be best to go in small groups and encourage students to sit at tables in only twos and threes, to give maximum opportunity to meet and get into conversation with other students, thus avoiding occupying a whole table with a large group. Good training needs to be given in using the library so that the students can independently use this service observing the correct protocol in a natural way. Similar training will also be needed for using other amenities like the hair dressing salon and when joining clubs and societies.

Integrating into other classes can be more difficult and depends very much on the overall organisation of the College, it is probably most easily achieved when the College offers a wide range of recreational classes for all students. In order to promote success in joining other classes it might be necessary to have volunteer student helpers. For example, in a cookery class the student with learning difficulties might have trouble with weighing ingredients and keeping up with the teacher's instructions, in this case the student could be assisted in the class by a volunteer student. The volunteer student would probably have come from a social work course within the College and be on placement with the Special Needs group. This type of planning helps the student to succeed and gives confidence to the teacher responsible for the class.

It is very important, especially when courses are new, that integration is successful; responsibility for this rests most heavily upon the teacher directly involved with the students and the organisation of their course.

STAFF TRAINING

When a new course is started, it is very helpful if staff training can be arranged in the College or nearby for those staff, primarily involved in other College work, who are interested or become interested in working with students with special needs. Good introduction and initial integration planned by those teachers directly involved with students with special needs, will obviously encourage and develop the interest of other staff.

RISKS

In the learning and using of new skills and in achieving integration there are, of course, risks involved. It is easy to avoid taking chances. Most students have only just left the

sheltered environment of Special Schools and Adult Training Centres/Social Education Centres. Over the past decade, society has made much progress in accepting people with handicaps in the community but this acceptance is often only superficial, which can be reflected in College life. Whilst all is going well we have acceptance, once something goes wrong, e.g. a student learning how to make a cooked meal has an accident, the veneer of acceptance breaks down and old doubts and worries surface again. It has been observed by staff that students with special needs have to be 'model students' e.g. better behaved than the vast majority of students, to gain acceptance. However, it is only through persistance and careful planning, coupled with the taking of risks, when appropriate, that people come to realise that students with special needs have the same potential for success and failure as any other person.

SOME ADVANTAGES OF BEING WITHIN FURTHER EDUCATION

- Opportunities for integration.
- Help and support from other students: many students are studying on courses concerned with social work and can have appropriate placements with the Special Needs Course.
- Expertise and stimulus of other staff and students.
- Resources and facilities available, e.g. sporting, recreational, vocational, academic, technological, etc.

SOME POINTS FOR CONCERN

- There are problems relating to the grading of courses where more academic courses are graded at a higher level.
- There is also cause for concern about student/staff ratios where generally 15/1 is regarded as the norm for courses. No real policy procedure seems to have been developed, administratively, to balance the lower student/staff ratio necessary for Special Needs Courses with the usual ratios expected on other courses.

Success in taking one's place in College life and in the wider community, having the necessary *real* practice of using life and social skills is very much in the hands of those responsible for the further education of students with special needs. Playing safe limits experience, forcing issues which place students and other staff into situations where they are likely to fail is equally damaging. The real skill of the tutor is in negotiating, planning and structuring situations and experiences in which both students and others involved can succeed.

Education for Special Needs with an Emphasis on Adult Literacy for Spastic Adults

CAROLE SHARKEY

Carole Sharkey is a basic skills tutor in a Spastic Work Centre and also teaches adult literacy students in a Further Education College.

BACKGROUND

The Spastic Work and Welfare Centre, where an adult literacy class was introduced in 1980, provided spastic adults upon leaving school with light undemanding jobs giving parents a welcome break from the strain of caring for a physically handicapped adult. The 'trainees' as they are known produced goods — to sell — to make money —to buy materials — to produce goods, etc, etc. My first impression of the Centre was depressing, some of the trainees unable to cope with the work were sitting zombie-like staring into space. There were no books, magazines, pens, pencils or paper available to the trainees or indeed any provision made for their educational needs.

The adult literacy class was unusual because the students, themselves, hadn't asked for help but the new manager had recognised their needs and believed that adult literacy would help with their problems and provide a welcome break from the tedium of their boring, repetitive jobs. Indeed, it soon became apparent, to me, who had no experience of, or qualifications for, working with the disabled that they had no experience of demanding help and service for themselves and were all, generally, passive receivers.

THE NATURE OF THE TASK

As an adult literacy tutor I am always concerned with the individual but within this group of twenty spastics not only have they wide ranging ages, abilities, experiences but they all have unique handicapping conditions to consider. A spastic is defined in 'Widening Horizons' as 'A person with cerebral palsy, a disorder of movement and posture due to damage or lack of development in the part of the brain controlling movement. It is a complex condition — so much so that no two spastics are quite alike". In this group some are only slightly handicapped, some spastic quadreplegic (spastic all over as one girl described herself). There is also a blind spastic, wheelchair bound, a young deaf/dumb ambulant spastic; most have speech problems varying from a slight impediment to a total lack of speech. Many are on a lower mental range owing to a lack of schooling due to frequent hospitalisation and due also, I believe, to a lack of sensory experiences during their formative years.

Some of the twenty spastics that attend the class have never been to school. Their ages range from 18 to 47 years, the elder more severely handicapped were educated at home by peripatetic teachers. The younger ones all spent their early childhood at a spastic unit, attached to a local hospital before being transferred to a residential school thirty miles away. Upon leaving school they all then came to the Spastic Work Centre, where, presumably, they will spend the rest of their days. How many of your infant school friends do you work with? Imagine a life that exists around the same group of people day in day out for twenty, thirty, forty years — that's what has happened to our disabled. Is this the best society can offer them?

Their educational attainment was very poor, some were unable to read at the most basic level or recognise the letters of the alphabet. Most were unable to use a pencil because of their poor motor control and not one person had a communication aid despite the severity of their handicap. This, despite in some cases, having eleven years of special education and a Warnock Report in 1978 that suggested a more rational and uniform approach to the provision of aids for handicapped people throughout the country (paragraph 10.116). Some of the younger ones had benefited from the latest aids at school but were deprived of them once they left school. Presumably, in the transition from the Education Department to Social Services the disableds' individual needs were forgotten or was it assumed that they would never need to communicate beyond the most basic level ever again?

DEVELOPING COMMUNICATION SKILLS AND INDEPENDENCE

The classes for English and Maths started, initially, for two hours a week, but later were extended to a whole day for the English aspect which I was expected to provide. It is through the development of my work in this class that I hope to emphasise the special needs of the physically handicapped. The aim of the class was to develop communication skills and encourage the individual to become as independent as possible despite severe handicaps. It was important to build up a good relationship with the group, based upon mutual respect, and then to identify the needs of each student. The provision of some books was my first priority. The Library Service was happy to help and brought a wide range of books, including dictionaries, for us to keep. At first a great deal of time was spent talking, often, I could not understand their speech but I realised the importance of taking the time, repeating it several times if necessary until I had understood. Respecting the fact that they have something to say and enabling them to say it, we are, in fact, giving them the self esteem which society often denies them.

They shared with me their complaints about the way they are treated either as children or as if they were 'mental'. They grumbled about access into the pictures, concert halls, shops, etc, swing doors being too difficult to negotiate. The problems of pushing a wheelchair over cobbled areas, pavements with cracks, no ramps and too high kerbs. Shops with too little room between the display shelves, checkouts being too narrow, no lifts to basements or upper floors, or alternatively, having to use a service

lift full of goods. They told me how they had to travel in the goods van on the local train because the doors are too narrow for wheelchairs. They complained about their lack of social workers, the inadequacies of their education. Even the over-protective attitude of some of their parents and the general belief that the disabled should not marry or indeed have any sexual desires. Ann Shearer writes in a 'Right to Love': "Normal adults may complain about the lack of sex education they receive in adolescence. Physically handicapped adults have even more cause to complain and their need for realistic discussion of their own sexuality may be even greater". Most important of all was their unanimous insistance that they did not want PITY. They did not want people to stare at them or ask 'Does he take sugar?' They wanted people to realise that they have thoughts and feelings too.

CHANGING PUBLIC ATTITUDES TO THE DISABLED

Their complaints and their need to educate the public proved to be the stimulus necessary to improve their communication skills in many ways. From the question "Are you going to sit back and let people believe that the disabled are being treated fairly in our society?" (This I had believed, until I was educated by them), back came the decision to inform the general public by writing letters to shops, offices and local council departments asking for greater consideration for the disabled and informing them of their problems. Some letters were dictated to me by those unable to write. I was their hands. Using this language experience approach encouraging them to read back what they had dictated, and showing them all the skills in letter writing I was providing a meaningful situation that also gave them great pleasure, particularly when they received replies that they were instrumental in helping all disabled people in the town. Marks & Spencer altered their freezers after a complaint from a wheelchair bound girl that she was unable to see into their freezers. A large supermarket introduced a checkout designed specifically for the disabled.

Following our letter writing a newsletter was suggested that was written and produced by themselves, which would not only help other disabled people but also increase the public awareness of the needs, abilities and aspirations of the disabled. This was one of the aims of the Year of the Disabled (1981) the others were the participation, equality and integration of disabled people, the prevention of disability and more positive attitudes towards disabled people. The newsletter consisted of articles pertaining to being disabled e.g. Physiotherapy, Employment for the Disabled, Life in the Work Centre, etc. Some articles were dictated to me, others were recorded and then written by those able to write. It was typed by a girl who typed with her toes with considerable accuracy. The typewriter was given to us by a local W.I. The paper was named 'Disabled World' and we were astounded by the local interest. An article and photograph appeared in the local paper, the group was interviewed by the local radio. We received a great deal of mail. The Health and Education Department bought four hundred copies and put them in every library, health centre, etc in the area. Whilst improving our literacy skills we were providing a much needed service for disabled people.

The Health and Education Department also sent a counsellor to give a series of much needed talks on personal relationships, which the group had asked for.

ACCESS TO INFORMATION

If a person is unable to read, cannot write and his speech is unintelligible how does he receive all the latest information from the numerous leaflets specifically written to help the disabled? 'The Help for the Handicapped', 'Which Benefit', 'The Door to Door' books 'The Access Guides', Who fills in the numerous forms? A wife of a man disabled from M.S. writes "I lost count of the number of forms I filled over the years of disablement . . . Does no-one realise that every official form asks for the information in different ways?". We see adverts 'send for' 'cut around the dotted line' HOW? The Chronically Sick and Disabled Act 1970 lists the numerous entitlements of the disabled. Who informs the disabled? These questions and many more worried me as I became more and more aware of the hopelessness of some of their positions. Social workers, it appears have forgotten the disabled entirely, certainly in this centre. Only two have seen a Social Worker in the last few years and none can name them. Some, of course, have caring parents but the physical stress must increase for an ageing parent with a totally dependent adult leaving little time for helping with their educational and social needs.

Some of the handicapped live in a residential home for the handicapped. It accommodates a large number of severely physically handicapped adults which gives the staff little opportunity for individual attention to their educational needs or helping them to know their rights and confidently demand them. One girl disabled through polio suggests in 'The Handicapped Person in the Community' "An enormous amount of worry and despair could be prevented if . . . there was someone with up-to-date information about gadgets and equipment who would see each disabled person . . . he should be able to give advice about problems with reference to how people similarly disabled have coped with theirs". Recognising the need for such an adviser and the failure of our welfare system to provide it I decided to use information about their rights and aids available to them, as the basis for my adult literacy classes, writing away for brochures, collecting leaflets and discussing their contents, visiting aid centres, filling in forms and applying for equipment, for the individual for his home needs and much needed in the adult literacy class if they were to continue to improve their communication skills and independence.

TYPEWRITERS, POSSUMS AND OTHER AIDS

The most important aid required at this stage was more typewriters. A typewriter would be another step towards independence for those unable to write. Enquiries were made to Social Services and the Education Department, with no success, so we asked the public through the local media and by writing more letters to offices who might be disposing of office equipment. When aware of the needs of the disabled, the public respond, showing that there is a caring society. Typewriters both manual and electric came, an office machine supplier offered to service them all free of charge. We were also given a photocopying machine and some large office calculators. Now we had other more practical considerations, the height of the furniture to accommodate the wheelchair typist, enough room for the wheelchairs to manoeuvre, sufficient power points and adequate lighting. It was then apparent that we also needed a qualified typing teacher to assist in their training. Further Education were able to provide one for two hours a week. The typing teacher and I decided to work together in the best interests of the students. I helped

the students to prepare their work and the typing teacher helped the individual to improve his typing skills whilst producing it. Together we evaluated every student's abilities, firstly on a manual, then on an electric typewriter. The enthusiasm, motivation and patience of the students to continually strive for perfection in the presentation of their work delighted us.

Trying to acquire communication aids for my students to help improve their communication skills has been a complicated task involving numerous people, letter writing, phone calls and a great deal of patience. Nothing is made easy for our disabled. One severely disabled lady who had learned to read in the class despite having had virtually no education, saw an advertisement of a Possum Expanded Keyboard and asked me to help her get one through the NHS. The leaflet stated, the "Application for the Unit should be made through the patient's doctor to the Regional Medical Officer of the Regional Health Authority". She dictated a letter to her GP. Her speech is so poor it took a long time to determine the doctor's name and address. I was appalled at his insensitivity when his curt reply came "He knew nothing about such machines, get in touch with the Regional Medical Officer". How? He better than anyone knew she could neither write or speak. He neither visited her or enclosed the address of the Regional Medical Officer. This was to prove typical of the support for the disabled by those GP's we were required to approach. Once the Regional Medical Officer was informed a visit was arranged to the Centre for an assessment of her needs by the Consultant Physician. At her request I was present. He was extremely sympathetic to her needs, delighted at her progress educationally and very pleased to recommend a Possum Expanded Keyboard. Two months later it came and beside giving a lady of 45 the opportunity of being able to write for the first time in her life it also provided another piece of equipment necessary to assess others in the group with similar difficulties, for whom a normal typewriter keyboard proved unsuitable.

Three more students later applied for the Possum Expanded Keyboard. The latest being an eighteen year old girl who because of the degree of athetosis needed a chin control and a Typewriter Control System. 'Possibility' the magazine of the Possum Users Association states "For every disabled person waiting to read a newspaper, turn its pages, switch on the radio or hold a conversation by whatever means possible there is an input, a piece of machinery, or interface which can take the place of movement or sight or speech." If so, why are disabled people not being provided with this equipment so necessary to improve the quality of their lives and enable them to function more independently? Surely, the disabled amongst us have received least from education in our society, so by providing the communication equipment so urgently required it would go someway to re-dressing the balance.

FURTHER EDUCATION AN ALTERNATIVE TO THE FAILURE OF THE WELFARE SERVICES

As the students improved in their literacy skills and were confidently demanding more help and more information from various sources they asked for a monthly meeting between the Manager and themselves so they could put forward their views about policies that concerned them in the Centre. It was very heart warming to hear them air their views and express their needs. They asked for cookery classes, a speech therapist and a physiotherapist to come to the Centre. The need for a cookery class had come from their hope of greater independence, some were hoping to move into flats of their own, and their recognition of their lack of training in this coping skill. Many, particularly those in a residential home had little opportunity to cook or even observe some one else cooking. Some were not allowed in the kitchen at home because over-anxious parents were afraid of accidents. Of course, cookery also provides practice in reading and maths, improves language and provides an end product that one can eat and enjoy. The local Further Education Centre once more came to our aid and satisfied yet another need.

Acquiring the services of a physiotherapist was more difficult. Many had not seen a physio since they left school but however great the demand we could not get one to help us. So a keep fit class was introduced as second best. The teacher visited physiotherapists and sought their help and devised a programme suitable for the most severely disabled which they all thoroughly enjoy each week. Further Education provided an alternative to the failure of our welfare services to our disabled.

Speech or lack of it causes more frustration than any other handicap and in the Centre there are very few people who do not have a speech impediment of some sort, so we were delighted when we acquired the services of a speech therapist for one afternoon a week. She chose to come and work in my adult literacy class helping the individuals with their communication problems and educating me so that I could reinforce her work. She brought aids such as the Canon Communicator and she introduced some without speech to Bliss symbols. Everyone in the Centre was involved in a regular short group session learning Makaton so that we could all communicate with a new deaf and dumb girl. I had not previously contemplated using or needing these alternative means of communication but they were some of the special needs of my students and if I was to help improve their communication skills I needed to acquire new skills too.

A speech link 'SPLINK' was bought with the monies received from the showing of the wedding presents of Prince Charles and Lady Diana, which they so generously donated to the disabled. This has proved extremely useful to the more able student and to the deaf and dumb girl. Other machines, borrowed from the local Teachers Centre, like the Language Master, cassette recorders and the Phonic Blend System, all play their part in helping the students to improve their speech, as do the individual dictionary books and the alphabet cards which we made for them. One young man, with virtually no speech and limited literacy skills desperately needs a Convaid but we cannot get the funding for it. At the present time we are trying to acquire one for him through Sequal — a charity for the disabled which supplies through sponsors the required equipment. We have turned to them as a last resort. Why have the disabled to rely on charities when we should be urging the Government to satisfy their needs and provide the money to do so?

An approach was made to the local Further Education College when it was recognised that our students needed to be integrated more into the local community to catch up on education missed and to develop maturity and independence outside a sheltered workshop situation. A member of the college staff assessed those students recommended and agreed to take eight of them, two on a City and Guilds course and the others on a preparation for life and work course leading to a City and Guilds qualification for one day a week. The Further Education

College after reservations about taking disabled students were delighted with our students; their enthusiasm, their motivation, their kindness and helpfulness to one another. They were an example to many able-bodies students. The College, two years later, offers full-time education for handicapped people from special schools and adaptions are being carried out to make better provision for the handicapped students.

The 1978 Warnock Report points out that it is the duty of all local education authorities to provide for *all* young people wanting full-time education between the ages of 16 and 19 either in a school or an establishment of further education. This area, it is reported, "Reflects the national position whereby a much greater proportion of pupils with special needs lose touch with the education service at statutory school-leaving age than for the 16 plus population as a whole". Why? Could it be that they (individually) have not been informed? Posters, leaflets, advertisements are useless if you cannot read, or are put in inaccessible places to the disabled. A personal visit to the Centre informing our students of a course to introduce computers to the disabled in another further education college was greeted with tremendous enthusiasm. Ten students were delighted to attend for one morning a week, all were now competent typists, computer keyboards held no fear for them.

THE ROLE OF COMPUTERS

It was soon apparent that computers could be very useful in meeting the special needs of the handicapped in the adult literacy class, particularly with the support of special education for software, etc. The typing teacher and myself attended courses on computers in basic education. We visited schools where handicapped children with no speech and very little movement in their hands were communicating for the first time in their lives through the computer. To acquire one for the Centre was our next aim. This was made possible by the Manpower Services Commission providing a team of programmers to go to local unemployment centres, libraries, youth clubs, etc., to educate the public about computers. Why not the Spastic Centre? They brought three computers and a team that could work one to one with our students. They started with games but soon progressed to writing their own small programs. Then the programmers wrote programs to reinforce the work done in the adult literacy class. The students were, as usual, very enthusiastic. This is an aspect of the severely handicapped student makes it such a pleasure to work with them, they are also very appreciative of any help they receive. Computers, I believe, provide the key to the minds of the most severely handicapped person. When one sees the exhibition of Microfair — "Technology helps the Handicapped" and one realises that we in Britain lead the world in microelectronic aids for the handicapped, it is a sad reflection of our society that we are still unable to provide simple aids that would help an individual to lead a normal life.

CONCLUSION

There continues to be great emphasis in our society in separating the disabled from the able bodied in schools, clubs, housing, residential institutions and sheltered workshops. All of which gives little opportunity for living independently and decision making. It is only through acquiring literacy skills and being provided with the equipment to do so that people become capable of the decision making necessary to take some control of their own lives. As one disabled person said: "If those of us who are disabled live as fully as we can while being completely conscious of the tragedy of our situation ... then somehow we can communicate to others an awareness that the value of the human person transcends his social status and possessions or his lack of them." If, therefore, as adult literacy tutors, we are able to help the disabled person to live as fully as he can by providing him with his special educational needs then it is our duty to do so.

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Published February 1985
ISSN 0 266-20989
Design: Studio 21